

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>104</u>	<u>07/06/2017</u>	<u>CHATIME - MICRONESIA MALL</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>10:30 AM</u>	<u>1:34 PM</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<u>170000 625</u>	<u>LOT 5047-1-ZNEW STE. C-220, MICRONESIA 1088 MARINE LORFG DR.</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	LOCATION (Address)
<u>STALL/STAND</u>			<u>1</u>	<u>632-4367</u>	<u>CHAN WOO CORP.</u>
No. of Risk Factor/Intervention Violations				<u>1</u>	RISK CATEGORY
No. of Repeat Risk Factor/Intervention Violations				<u>0</u>	<u>2</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Person in charge present, demonstrates knowledge, and performance duties	<input checked="" type="checkbox"/>		6
Employee Health					
2	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Management awareness; policy present			6
3	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices					
4	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O <input type="radio"/>	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O <input type="radio"/>	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands					
6	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O <input type="radio"/>	Hands clean and properly washed			6
7	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O <input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		6
Approved Source					
9	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Food obtained from approved source			6
10	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Food received at proper temperature			6
11	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Food in good condition, safe, and unadulterated			6
12	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination					
13	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/>	Food separated and protected			6
14	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/>	Food contact surfaces: cleaned & sanitized			6
15	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)					
16	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper cooking time and temperatures			6
17	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper reheating procedures for hot holding			6
18	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper cooling time and temperature			6
19	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper hot holding temperatures			6
20	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper cold holding temperatures			6
21	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O <input type="radio"/>	Proper date marking and disposition			6
Consumer Advisory					
22	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations					
23	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>	Pasteurized Foods used; prohibited foods not offered			6
Chemical					
24	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>	Food additives: approved and properly used			6
25	IN <input checked="" type="radio"/> OUT <input type="radio"/>	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures					
26	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27	<input type="checkbox"/>	Pasteurized eggs used where required			1
28	<input type="checkbox"/>	Water and Ice from approved source			2
29	<input type="checkbox"/>	Variance obtained for specialized processing methods			1
Food Temperature Control					
30	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1
31	<input type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input type="checkbox"/>	Approved thawing methods used			1
33	<input type="checkbox"/>	Thermometer provided and accurate			1
Food Identification					
34	<input type="checkbox"/>	Food properly labeled; original container			1
Prevention of Food Contamination					
35	<input type="checkbox"/>	Insects, rodents, and animals not present			2
36	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input type="checkbox"/>	Personal cleanliness			1
38	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input type="checkbox"/>	Washing fruits and vegetables			1
Proper Use of Utensils					
40	<input type="checkbox"/>	In-use utensils: properly stored			1
41	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			1
43	<input type="checkbox"/>	Gloves used properly			1
Utensils, Equipment and Vending					
44	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean			1
Physical Facilities					
47	<input type="checkbox"/>	Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			2
49	<input type="checkbox"/>	Sewage and wastewater properly disposed			2
50	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			2
52	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>Maria euanice C-LIBIRAN - Manager</u>	Date: <u>07/06/2017</u>	
DEH Inspector (Print and Sign) <u>R. DELMUNDO</u> / <u>L. NAVARRO</u>	Follow-up (Circle one): <u>YES</u> NO	Follow-up Date: <u>07/11/17</u>

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ESTABLISHMENT NAME CHATIME - MICRONECIA MALL		LOCATION (Address) LOT 50471-1-2 NEW STE. C-220 MICRONECIA 1088 MARINE CORPS DR.	
INSPECTION DATE 07/06/2017	SANITARY PERMIT NO. 170000625	PERMIT HOLDER CHAN WOO CORP.	DEDEDO, GUAM

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
TAPIOCA BALLS / STOVE	209.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	AN INSPECTION WAS CONDUCTED TODAY, AND THE FOLLOWING VIOLATIONS WERE OBSERVED:	
1	ONE EMPLOYEE MANNING STORE DID NOT DEMONSTRATE KNOWLEDGE OF THE GUAM FOOD CODE (COS = MANAGER REGISTERED FOR MANAGER'S CERTIFICATION COURSE AND ARRIVED DURING THE INSPECTION). PERSON-IN-CHARGE (PIC) SHALL BE PRESENT AND DEMONSTRATE KNOWLEDGE OF THE GUAM FOOD CODE TO ENSURE PROPER FOOD SAFETY MEASURES ARE BEING FOLLOWED.	COS
2	NO EMPLOYEE HEALTH POLICY IMPLEMENTED. AN EMPLOYEE HEALTH POLICY SHALL BE IMPLEMENTED TO ENSURE PROPER REPORTING, RESTRICTION, AND EXCLUSION OF SICK EMPLOYEES.	2/07/17/17
8	NO HANDWASHING SINK SIGNAGE FOR SINK IN FRONT AND IN KITCHEN AREA; SINK IN KITCHEN AREA BLOCKED OFF AND INACCESSIBLE. HANDWASHING SINKS SHALL BE ACCESSIBLE AND HAVE SIGNS DESIGNATING SINK TO BE USED ONLY FOR HANDWASHING TO ENSURE EMPLOYEES PRACTICE PROPER HANDWASHING ON DESIGNATED SINKS. COS: SIGNS PUT UP AND SINK CLEARED AND ACCESSIBLE.	7/17/17 COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) MARIA ELLENICE C. LIBIRAN - McElbaine	Date: 07/06/17
DEH Inspector (Print and Sign) K. DEL MUNDO / L. NAVARRO	Date: 07/06/17

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Division of Environmental Health

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ESTABLISHMENT NAME CHATIME-MICRONESIA MALL		LOCATION (Address) LOT 5047-1-2 NEW STE. C220 MICRONESIA TOWER MARINE CORP DR.	
INSPECTION DATE 07/06/2017	SANITARY PERMIT NO. 170000625	PERMIT HOLDER CHAN WOO CORP.	DEDDED, GUAM

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

38	WIPING CLOTHS THROUGHOUT FACILITY NOT STORED IN A PROPERLY DILUTED SANITIZING SOLUTION; SOLUTION READS 0 PPM. WIPING CLOTHS SHALL BE STORED IN A PROPERLY DILUTED SANITIZING SOLUTION AFTER EACH USE TO PREVENT CROSS CONTAMINATION FROM OCCURRING.	08/07/17
46	STAND UP CHILLER DOOR SEALS IN KITCHEN AREA WITH STAINS AND MOLD. NON-FOOD CONTACT SURFACES SHALL BE CLEANED AS OFTEN AS NECESSARY TO PREVENT CROSS-CONTAMINATION FROM OCCURRING.	08/07/17
48	HAND WASHING SINK IN FRONT AREA NOT DRAINING PROPERLY. PLUMBING FIXTURES SHALL BE PROPERLY MAINTAINED TO ENSURE FIXTURES FUNCTION PROPERLY.	08/07/17
	PICTURES OF VIOLATIONS WERE TAKEN	
	ISSUED "A" PLACARD NO. 01914	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) MARIA ELIANICE C. LIBIRAN - <i>[Signature]</i>	Date: 07/06/17
DEH Inspector (Print and Sign) K. DELMUNDO <i>[Signature]</i> / L. NAVARRA <i>[Signature]</i>	Date: 07/06/17